FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 OCT 13 PM 1: 17

			Office Ose Offiy
1. NAME OF TYPE OR PRINT COMMITTEE (in full)	Example: If ty over the lines.	ping, type 12FE4M5	
Check if different	CLAREMONT. N.D. CITY	STATE A	ZIP CODE A STATE V DISTRICT
TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)	(b) 12-Day PRE-Election R Primary (* Convention Election on (c) 30-Day POST-Election General (* Election on	Report for the:	2G) Runoff (12R) 2S) in the State of
5. Covering Period	Ž <i>o Lb</i> through	n <u>69</u> 138 1	2016
Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomple	ERY E. RUMP Eluhn	Date Date	10912016
Office Use Only			FEC FORM 3

		FFO F	of Receipts and Disbursements	
		FEC Form 3 (Revised 05/2016)		Page 2
Wr	ite c	or Type Committee Name	PHILLIP FOR CONGRESS	
Re	port	Covering the Period: From:	то: <u>09</u> В	3 / 201 B
			COLUMN A COLU This Period Election Cy	1
6.	Net	Contributions (other than loans)		
~6	(a)	Total Contributions (other than loans) (from Line 11(e))	5,86900	059064
2015	(b)	Total Contribution Refunds (from Line 20(d))		,,
10	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	58.69.0.0	0,590.64
	Net	Operating Expenditures		
\$ Q	(a)	Total Operating Expenditures (from Line 17)	1.944.28	4,150.09
	(b)	Total Offsets to Operating Expenditures (from Line 14)		7)
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1,94478	4,15,0,09
87 6 4		ch on Hand at Close of corting Period (from Line 27)	6,440.55	
9.	the	ots and Obligations Owed TO Committee (Itemize all on sedule C and/or Schedule D)		
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D)		
			For further information contact:	
			Federal Election Commission 999 E Street, NW Washington, DC 20463	
			Toll Free 800-424-9530 Local 202-694-1100	
				1

			DETAILED SUMMARY PAGE	
		FEC Form 3 (Revised 05/2016)	of Receipts	Page 3
	/rite o	or Type Committee Name	PHILLIP FOR CONG.	RESS
R	eport	Covering the Period: From:	7) 0 1) 2 2 1 C To	· 69 80 20.16
		I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	COI	NTRIBUTIONS (other than loans) FROM:		
2016	(a)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	541000	7,660.00
6 0		(ii) Unitemized	54.10.00	9,66000
13-0	(c)	Political Party Committees Other Political Committees (such as PACs)		
	(d) (e)	The Candidate TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	5,869,00	1.059064
有了		Ansfers from other Thorized committees		
13.	L <i>O/</i> (a)	ANS: Made or Guaranteed by the Candidate		
	• •	All Other Loans TOTAL LOANS (add Lines 13(a) and (b))		
14.	EXF	FSETS TO OPERATING PENDITURES funds, Rebates, etc.)		
15.		HER RECEIPTS vidends, Interest, etc.)		
16.	11(TAL RECEIPTS (add Lines e), 12, 13(c), 14, and 15) rrry Total to Line 24, page 4)	5,86,2.0.0	

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
	OPERATING EXPENDITURES TRANSFERS TO OTHER	1,9,4,4,0,8	4,150.09
10.	AUTHORIZED COMMITTEES		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate		
2016	(b) Of All Other Loans		
20. 1 0	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
\$ 00	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		
20	OTHER DISBURSEMENTS		
27. 6	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	1,9,44.7.8	4,15009
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	2,5/6.3.3
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	5,869.00
25.	SUBTOTAL (add Line 23 and Line 24)		8,3,85,3,3
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	1,9,44.28)
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		6,4,40.5.5
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	EDULE A (FEC Form 3) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUME (check only one)	Ib 11c	11d \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Any in or for	formation copied from such Reports and Stacommercial purposes, other than using the	atements m	nay not be sold or used by any p	erson for the purpo e to solicit contribu	ose of soliciting	14 15 contributions committee.
	ME OF COMMITTEE (In Full) DAN PHILLI	P For	2 CONGRESS			
A	I Name (Last, First, Middle Initial) HTCHISCON LOWNIA illing Address 944 EDISON ST.		Zip Code 44803	Date of Rece	ipt 28 12	0/6
fed	C ID number of contributing leral political committee.	Occupation	n		ach Receipt this	Period 50.0.0
	ceipt For: Primary	Election C	cycle-to-Date	Memo Ite	em	
↓ Ř	Name (Last, First, Middle Initial) PHILLIP, DAN ailing Address 206 / HIGHLAND Y ASMERY)		Zip Code 1 44805	Date of Rece		0/6
0 fed 1	C ID number of contributing deral political committee.	Occupation		Amount of Ea	ach Receipt thi	s Period
4_	ceipt For: Primary ☑ General Other (specify) ▼		Cycle-to-Date ₩	Memo It	rem // <i>C</i>	1
	Il Name (Last, First, Middle Initial) CHORPEN ING BLAK silling Address 1324 EASTBROOK by	DRIVE State	Zip Code	Date of Rece	eipt 2	6 T Ja
fec	C ID number of contributing deral political committee.	Occupation	14803	Amount of Ea	ach Receipt thi	s Period
Re	cceipt For: Primary	Election C	Cycle-to-Date	Memo It	tem	
SUB	TOTAL of Receipts This Page (optional)					
тот	AL This Period (last page this line number o	only)	I			

FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 11d **ITEMIZED RECEIPTS** 11a 116 11c **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) PHILLIP FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City FEC ID number of contributing Amount of Each Receipt this Period federal political committee. 10000 Name of Employer Occupation : Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 03 State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date General Primary Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt 07 18 2016 City FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date op voer og Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... No. Francis of in all fration to combined

PAGE 2 OF 8

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS Any information copied from such Reports and S			
or for commercial purposes, other than using the		HILLIP FOR	
Full Name (Last, First, Middle Initial) PROVINCE PACHE Mailing Address POTTERS LANE City CLORKS VILL FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State IN C Occupation	Zip Code 47/29	Date of Receipt Date of Receipt Amount of Each Receipt this Period Memo Item
Other (specify) Full Name (Last, First, Middle Initial) SCHOCH, JAMES Mailing Address 850) RANSOM		Zip Code	Date of Receipt
City T. VERNON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	C Occupation	43050	Amount of Each Receipt this Period , , , 50,00
Full Name (Last, First, Middle Initial) C. USINER RoD Mailing Address 11432 F. DESCRT City	VISTA State	DR. Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	C Occupation	85253	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	•	ycle-to-Date	Memo Item
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Full Name (Last, First, Middle Initial)	V PPV/Z	CIT FOR LONG	NCV35
A USHER 1 JOHN			Data of Bassist
Mailing Address	····		Date of Receipt
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FEC ID number of contributing federal political committee.	С	त्र संपूर्ण आणि विक्रम्म, स्वयू जार अस्तर संज्ञान अस्तर सर्वे	Amount of Each Receipt this Period
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6 Primary General	F N 1 N 7		
1 Other (specify) ▼		en t e die State en	
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Z Mailing Address			- '
- 1145 SMITH KI	>		05 20 2016
Ocity 3 ASNLAND	State	Zip Code 44803	
FEC ID number of contributing Difederal political committee.	С	्रिक्त के जिल्लाक के स्थान है। स्थापनार के स्थापनी अन्य के अन्य	Amount of Each Receipt this Period
1 Name of Employer	Occupation	n	20,00
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ASHLAND	State OH	Zip Code 44805	
FEC ID number of contributing federal political committee.	C	engal di kacamatan dipunggan di Tilanggan Banggan di Kabamatan di Kabamatan	Amount of Each Receipt this Period
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federal political committee. Name of Employer Occupation	Cycle-to-Date	Amount of Each Receipt this Period // 00.60
Full Name (Last, First, Middle Initial) SKULTZ JENNIFER Mailing Address - 1311 COUNTY RD //53 City State	Zip Code	Date of Receipt M. M. J. D. D. J. Y.
)	Dycle-to-Date	Amount of Each Receipt this Period , 200.00
Full Name (Last, First, Middle Initial) BEINEKE, LEE Mailing Address City State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	Cycle-to-Date	Amount of Each Receipt this Period 2,50000
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			FOR LINE NUMBER: PAGE 6 OF 8 (check only one) 11a 11b 11c 11d 12 13a 13b 14 15 person for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) DA		Address of any political committee	
Mailing Address City ASHLAND	HLEEN		Date of Receipt
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Full Name (Last, First, Middle Initial) CIANCIOLA, CHA Mailing Address	State	Zip Code	Date of Receipt
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Full Name (Last, First, Middle Initial) C. MonRy, CAROL Mailing Address M14 KINEWOOD CT- City	State	Zip Code	Date of Receipt 08 26 20/6
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Full Name (Last, First, Middle Initial) Rewn Field , Jo Mailing Address City N/H	SEPN State Zip Code	Date of Receipt
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Full Name (Last, First, Middle Initial) C. Mailing Address Po. Box 756 City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period
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		FOR LINE NUMBER: PAGE OF SY (check only one) 11a 11b 11c 11d 11d 12 13a 13b 14 15 ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	PHILLIP FOR C	
Full Name (Last, First, Middle Initial) Mailing Address 1566 BANKY RI City	·	Date of Receipt
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Election Cycle-to-Date	, / 0000 Memo Item
Full Name (Last, First, Middle Initial) COFFY BROWN Mailing Address City ASMLAND	State Zip Code 04 41803	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial). C. PHILLIP MIKE Mailing Address 1417 2 N. BRIDAL City	PNTH CT. State Zip Code	Date of Receipt M 9 25 20 16
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CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE () (check only one)	<u> </u>
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19	a 19b
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ony information copied from such Reports and Statements may for commercial purposes, other than using the name and a	ay not be sold or used by any address of any political commit	person for the purpose of soliciting co tee to solicit contributions from such c	ontributions ommittee.
NAME OF COMMITTEE (In Full)			
) non PA	ILLIP FOR	Coulabtes	
Full Name (Last, First, Middle Initial)	ILFII JORE	CONGROS	
		Date of Disbursement	
DAN PHILLIP		07 05 20	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Mailing Address 206 HIGHhand	BULD.	0, 7, 20 3. 03.00	; / /
City DC416 Mm/D State	Zip Code 44803	FEC Identification Number	
Purpose of Disbursement		2 C0055838	7
	03	5	(/
2 Candidate Name DAN PHILLIP	Category Type	إيسانا بعاد يخفينا سنسرع رابر	
1 Office Sought: House Disbursement For	r:	The Daniel State Description	7.40
Senate Primary President Other (s	General ▼	1 75 g	
1State: 0/7 District: 5		Memo Item	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
1 DAN PHILLIP			
- IMailing Address	(/)	02 02 20	1,6
City 206 HIGHKAND BU	Zip Code	FEC Identification Number	<u> </u>
ASHLAND OH	44805	a cara a comment of a first contract	
Purpose of Disbursement		C0055838	2
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President Other (specify) 😽	Memo Item	
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· DAN PHILIP		Date of Disbursement	
Mailing Address	<u> </u>	1 35 86 20	16
206 HIGHLAND BVA	Zio Codo		
City ASIALANIO Oh	Zip Code 4/4/803	FEC Identification Number	
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Candidate Name	Cotogo	Amount of Each Disbursemen	t this Period
DAM PHILLIP	Categor Type	·) ·	
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PAGE Q OF FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the TEMIZED DISBURSEMENTS 19b ZI 17 18 19a **Detailed Summary Page** 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement 05/08/ Mailing Address Zip Code City **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Disbursement For: Office Sought: Primary General Senate President Other (specify) Memo Item 1state: Old Full Name (Last, First, Middle Initial) Date of Disbursement 02,36 2016 Mailing Addre Zip Code **FEC Identification Number** C0055838> Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary **General** President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address Zip Code **FEC Identification Number** Purpose of Disbursement C00558387 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Senate ✓ General Other (specify) President Memo Item State: 0/ District: SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

OF / PAGE FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the TEMIZED DISBURSEMENTS 19b 17 18 19a Detailed Summary Page 20a 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FOR CONGRYSS Date of Disbursement Mailing Address Zip Code City **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: General Primary Senate President Other (specify) w Memo Item 1State: District: Full Name (Last, First, Middle Initial) Date of Disbursement B.₁ FEC Identification Number C0055838 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: 🗸 House Disbursement For: **General** Senate Primary President Other (specify) Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement 8 16 2016 Mailing Address Zip Code State **FEC Identification Number** Purpose of Disbursement C0055838 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Senate Primary ✓ General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)-----TOTAL This Period (last page this line number only)-----

FOR LINE NUMBER: OF SCHEDULE B (FEC Form 3)Use separate schedule(s) (check only one) for each category of the TEMIZED DISBURSEMENTS 117 18 19a 19b **Detailed Summary Page** 20b 21 20a 20c Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CONGRYSS Date of Disbursement 68 04 2016 Mailing Address City Zip Code / **FEC Identification Number** C00558387 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Office Sought: Disbursement For: House ✓ General Primary Senate Other (specify) President Memo Item District: O Full Name (Last, First, Middle Initial) Date of Disbursement В 64 2016 FEC Identification Number C0055838> Purpose of Disbursement 06 Candidate Name Amount of Each Disbursement this Period Category/ Office Sought: House Disbursement For: General Senate Primary President Other (specify) : Memo Item District: 0' Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address Zip Code State **FEC Identification Number** C00558387 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type 355.00 Office Sought: Senate General President Other (specify) Memo Item State: OM District: SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 OF // (check only one)			
EMIZED DISBURSEMENTS	MIZED DISBURSEMENTS for each category of the				
	Detailed Summary Page				
ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)					
DAN PH	CONGRESS				
Full Name (Last, First, Middle Initial)					
DAN PHILLIP		Date of Disbursement			
Mailing Address		08 03 2016			
206 HIGHEND		200 To 20			
City ASALMON State	Zip Code 44803	FEC Identification Number			
Purpose of Disbursement	100 500	C00558387			
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DAN PHILLIP	Category Type	production of the production of the contract o			
1 Office Sought:		1 m.			
President Other (specify) ▼	150			
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DAN PHILLIP		la contraction of the contractio			
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DAN PULLIF		Date of Disbursement			
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DAN PHILLIF					
Office Sought: House Disbursement Formar	2300				
President Other	Memo Item				
State: 0/4 District: 07					
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TOTAL This Period (last page this line number only)					

CHEDULE B (FEC Form 3) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF // (check only one) 17			
ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) NAME OF CONCRESS					
Full Name (Last, First, Middle Initial) PAN PHILLIP Mailing Address City City Purpose of Disbursement Candidate Name Office Sought: President State: Primary Other (s	Zip Code 44805 Category Type	Date of Disbursement 8 94 20 16 FEC Identification Number C00558387			
[Full Name (Last, First, Middle Initial) 1 DAN PHILLIP Mailing Address 206 HIGHKAND BV.	<u>//</u> D	Date of Disbursement			
Candidate Name Diffice Sought: House Disbursement For Senate Primary		·			
Full Name (Last, First, Middle Initial) DAN PHILIT Mailing Address 206 HIGHLAND BUL	(p)	Date of Disbursement			
City State Purpose of Disbursement Candidate Name DAN PHILIP	Zip Code 2/4/803 Categor Type				
Office Sought: House Disbursement Fo	r:	Memo Item			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)					

PAGE FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the TEMIZED DISBURSEMENTS 17 19b 19a Detailed Summary Page 20b 20c 20a Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) Date of Disbursement 08 08 2016 Mailing Address City Zip Code FEC Identification Number C00558387 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Primary Senate President Other (specify) District: 07 Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Addre Zip Code **FEC Identification Number** C0055838 02 Candidate Name Amount of Each Disbursement this Period Category/ Office Sought: House Disbursement For: **▼** General Primary Senate President Other (specify) Memo Item District: () Full Name (Last, First, Middle Initial) Date of Disbursement C. 08/31/2016 Mailing Address Zip Code State **FEC Identification Number** C00538387 Purpose of Disbursement Candidate Name Category/ Amount of Each Disbursement this Period Type Office Sought: House ✓ General Senate Primary President Other (specify) Memo Item State: OH District: () SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only)------

PAGE 8 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the TEMIZED DISBURSEMENTS 17 19b 18 19a Detailed Summary Page 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) FOR CONGRESS Date of Disbursement 08 26 2016 Mailing Address Zip Code City State **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Disbursement For: Office Sought: House General Primary Senate President Other (specify) \(\psi\) Memo Item District: 0 Full Name (Last, First, Middle Initial) Date of Disbursement 29 2016 FEC Identification Number C0055838 Candidate Name Amount of Each Disbursement this Period Category/ Affice Sought: Disbursement For: House **General** Senate Primary President Other (specify) : Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement С. 08 31 2016 Mailing Address Zip Code **FEC Identification Number** C00558387 Purpose of Disbursement 02 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: General Senate Primary Other (specify) President Memo Item State: 0 District: / SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE 9 OF FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the TEMIZED DISBURSEMENTS $|\nabla|_{17}$ 19b 18 19a Detailed Summary Page 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FOR CONGRESS Date of Disbursement Mailing Address City Zip Code **FEC Identification Number** C0055838 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Office Sought: Disbursement For: General Senate Primary President Other (specify) \varphi District: 0') Full Name (Last, First, Middle Initial) Date of Disbursement **FEC Identification Number** C0055838 02 Candidate Name Amount of Each Disbursement this Period Category/ Office Sought: House Disbursement For: General Senate Primary President Other (specify) : Memo Item District: 07 Full Name (Last, First, Middle Initial) Date of Disbursement Э. 08 18 2016 Zip Code **FEC Identification Number** Purpose of Disbursement C00558387 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: General Senate Primary President Other (specify) Memo Item State: Oh SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the TEMIZED DISBURSEMENTS **汉**17 19b **Detailed Summary Page** 20b 20c 21 20a Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial Date of Disbursement 08 25 2016 Mailing Address City FEC Identification Number C00558387 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Office Sought: Disbursement For. House ✓ General Primary Senate Other (specify) \(\psi\) Full Name (Last, First, Middle Initial) Date of Disbursement 30 2016 Mailing Addres Zip Code FEC Identification Number C0055838 Candidate Name Amount of Each Disbursement this Period Category/ Office Sought: House Disbursement For: Senate Primary General President Other (specify) : Memo Item District: 0 Full Name (Last, First, Middle Initial) Date of Disbursement 08 29 2016 Mailing Address Zip Code **FEC Identification Number** C00558387 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate ✓ General President Other (specify) Memo Item District: 0 State: SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only)-----

PAGE / OF FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS 17 19b 18 19a **Detailed Summary Page** 20b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Date of Disbursement Mailing Address City **FEC Identification Number** C00558387 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: Senate Primary General Other (specify) ▼ President District: 0 2 Date of Disbursement в<u>]</u> Zip Code **FEC Identification Number** C0055838> Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: **General** Senate Primary Other (specify) President : Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address Zip Code **FEC Identification Number** Candidate Name Amount of Each Disbursement this Period Category/ Office Sought: General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE C (FEC Form 3) LOANS			Use separate schedule for each category of the Detailed Summary Pag	e (check	PAGE INE NUMBE only one)	OF R: 13a 13b		
NΑ	ME OF COMMITTEE (In Full)							
	LOAN SOURCE Full Name (Last, First, Mailing Address		☐ Memo Item	Election: Primary General Other (s	pecify) ▼			
!	City	State	ZIP Cod	ode Personal Funds o			the Candidate	
2016	Original Amount of Loan	yment To [
6 10	TERMS Date Incurred	0) % (a		Yes No				
195	List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)		Name of Employer					
03	Mailing Address		Occupation					
Q	City State	ZIP Code		Guaranteed Outstanding:				
0010	2. Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)			Name of Employer			
47	Mailing Address		-	Occupation Amount				
8	City State	ZIP Code	-	Guaranteed Outstanding:				
	3. Full Name (Last, First, Middle Initial)			Name of Employer				
	Mailing Address			Occupation				
	City State	ZIP Code		Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)				Name of Employer				
	Mailing Address			Occupation			<u>-</u>	
	City State	ZIP Code		Amount Guaranteed Outstanding:				
s	UBTOTALS This Period This Page (optional	1)				√ √3) . ^.		
Т	OTALS This Period (last page in this line o	nly)		· [-		
-	Carry outstanding balance only to LINE 3, S	schedule D, for thi	s line. If n	o Schedule D, carry forv	vard to appro	priate line	of Summary.	

SCHEDULE C-1 (FEC Form 3) Supplementary for Information found on LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS of Schedule C Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER **LENDING INSTITUTION (LENDER)** Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established Zip Code City State Date Due A. Has loan been restructured? If yes, date originally incurred B. If line of credit. Total Outstanding 0 Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) What is the value of this collateral? D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, 03 stocks, accounts receivable, cash on deposit, or other similar traditional collateral? Yes If yes, specify: Does the lender have a perfected security 001047 interest in it? No Yes E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: MILOTOLY City, State, Zip: If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE Typed Name Title Signature

SCHEDULE D (FEC Form 3)			(Use separate	PAGE	OF
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUM (check only one	
Excluding Loans				e) (check only one	10
NAME OF COMMITTEE (In Full)					
A. Full Name (Last, First, Middle Initial) o	f Debtor or Cred	ditor	Nature o	of Debt (Purpose):	
	<u></u>				
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Pe		Roymont This Poriod	Outote	anding Balance at Clo	and of This Paying
*		Payment This Period			
		itor	Nature of	of Debt (Purpose):	
B. Full Name (Last, First, Middle Initial) of					
Mailing Address City	· - · · ·				
	State	Zip Code			
Outstanding Balance Beginning This Pe Amount Incurred This Period		Payment This Period			
C Full Name (Last First Middle Initial) of	of Dobtor or Cro	ditor			
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature (of Debt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Pe	J	Payment This Period		anding Balance at Clo	
				<u> </u>	
1) SUBTOTALS This Period This Page (opt	ional)		····· >		
2) TOTALS This Period (last page this line	number only) ····		·····	* 9 * * 9	
3) TOTAL OUTSTANDING LOANS from Sc	hedule C (last p	age only)·····	····· 		
4) ADD 2) and 3) and carry forward to app	propriate line of	Summary Page (last page	only) ▶		

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) Report Covering Period:							
	From:				To:		
May , Lord , Larana , Lord							
	Committee Name					(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
Α			W				
В	C	olumn Total Last Page O	nly		······		
		(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
Ć	Δ						
1	В	!					
		(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(i) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
	Α						
Ī	В			-			
7800		(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
	Α						
	В						
		(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
	В						
		(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
	Δ						
_	В						

RECEIVED FEC MAIL CENTER

2016 OCT 13 PM 1: 17

POSTAGE ND, OH



2016 10

13 03 00104790

FROM.

DATE OF DELIVERY SPECIFIED *

USPS TRACKING™ INCLUDED*

INSURANCE INCLUDED *

PICKUP AVAILABLE

* Domestic only

UNITED STATES
POSTAL SERVICE® VISIT US AT USPS.COM ORDER FREE SUPPLIES ONLINE

FROM: AND

Ö

TIMM THOUSE

FOR DOMESTIC AND INTERNATIONAL USE

Label 228, July 2013

CUSTOMS DECLARATION BEL MAY BE REQUIRED.

SS FIRMLY TO SEAL

Federal Election Commissio ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to income	MING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bu	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	e of Receipt or Postmarked
PREPARER D	10/13/16 DATE PREPARED
(3/2015)	-